

Cardiac MRI Referral Form: Fax to 301-896-7521

Thank you for referring your patient to the Suburban/NHLBI Cardiac MRI program. This form is to help us schedule your patient and to ensure that a report is faxed and mailed to your office in a timely manner. We will contact your patient and coordinate scheduling at their convenience. Since most of the relevant information is in your clinic notes, your staff can fax us this form and accompanying records to 301-896-7521 (fax).

If you have any questions about the capabilities of MRI or contraindications, feel free to page Andrew Arai, M.D. at 301-496-1211 (NIH page operator).

Date: ____/____/____

Referring Physician: _____

Phone (____)____-____

Fax (____)____-____

Patient Contact Information:

Name _____

Address _____

Phone (H) (____)____-____

(W) (____)____-____

Date of birth ____/____/____

Or Social Security number: ____-____-____

MRI Contraindications or Relative Contraindications:

- 1) Central nervous system aneurysm clips
- 2) Implanted neural stimulator
- 3) Implanted cardiac pacemaker or defibrillator
- 4) Cochlear implant
- 5) Ocular foreign body (e.g. metal shavings)
- 6) Insulin pump
- 7) Metal shrapnel or bullet.

In addition the following patient groups will be excluded unless specifically recruited into an NIH protocol:

- 1) Pregnant women (Patients who are uncertain as to whether they are pregnant will be required to have a screening urine or blood pregnancy test)
- 2) Patients with surgery of uncertain type where the presence of metal clips or wires cannot be excluded.

Furthermore, the following patient groups will be excluded from studies involving the administration of MRI contrast agents:

- 1) lactating women
- 2) patients with hemoglobinopathies
- 3) renal disease (CrCl < 20 ml/min)

Reason Patient Referred and Urgency:

Patient History (or copy of relevant records):

Other physicians that should receive results:
